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REQUEST FORM FOR ISSUE/RESET EMAIL ADDRESS On domain gadvasu.in

1. Name _____
2. Designation _____
3. Library Membership No. Yes No
If yes _____
4. Mobile No. _____
5. Department _____
6. Phone No of the Department _____
7. Name of Building _____
8. E-mail ID(Personal) _____
9. E-mail ID(Official)
(On GADVASU Domain) _____

Signature of JLA/ Asst. Librarian

PHOTO

Note: Check your E-mail for your username and password.

Declaration:

1. I will abide by all rules framed by University Library for Internet access.
2. I will take NOC at the time leaving this University.
3. I will solely be responsible for any use/misuse of my user ID.

(Full Signature & Designation)

Certified that information given by the above employee is correct. In case of his/her transfer or leaving the Department/College/University he/she would be required to take No Due Certificate from GADVASU Library.

Recommendation & Forwarded

(Dean/Head)

(Signature with Date & Seal)

Despatch No:

Approved/Not Approved

Date:

University Librarian

(For Office Use Only)

1. User Id issued _____
2. Created on dated _____
3. Sent Email on dated _____

Signature